

## TRANSCRIPT ORDER

Please Read Instructions:

TRANSCRIPT ORDER			DUE DATE:	
1. NAME <b>Isabella Salomão Nascimento</b>			2. PHONE NUMBER (612) 371-3281	
4. DELIVERY ADDRESS OR EMAIL <b>salomaonascimento@ballardspahr.com</b>			5. CITY Minneapolis	3. DATE <b>4/16/2024</b>
6. STATE <b>MN</b>	7. ZIP CODE <b>55402</b>			
8. CASE NUMBER <b>2:23-cv-00066-BMM</b>		9. JUDGE <b>Hon. Brian Morris</b>	DATES OF PROCEEDINGS	
			10. FROM <b>2/1/2024</b>	11. TO <b>2/1/2024</b>
12. CASE NAME <b>Talbot v. Ainuu</b>			LOCATION OF PROCEEDINGS	
			13. CITY <b>Butte</b>	14. STATE <b>MT</b>
15. ORDER FOR <input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER				

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)	<b>2/1/2024</b>
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		Complete hearing on motions to dismiss. Please email transcript to me. Tx!	
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

## 17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 0		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)  
By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

**0.00**

18. SIGNATURE <b>/s/ Isabella Salomão Nascimento</b>	PROCESSED BY
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19. DATE <b>4/16/2024</b>	PHONE NUMBER
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TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS	
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ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	<b>0.00</b>
TRANSCRIPT RECEIVED			LESS DEPOSIT	<b>0.00</b>
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	<b>0.00</b>

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY